

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE      |
|----------------------------------|----------|--------|-----------|
| <b>FEES DETERMINATION</b>        |          |        |           |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        | 5 7-31-01 |
| <b>FORMALITY REVIEW</b>          | T.P      | J. CMM | 08/02/01  |
| <b>RESPONSE FORMALITY REVIEW</b> | Rm       | F&I    | 10-01-01  |

## INDEX OF CLAIMS

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| — (Through numeral) | Canceled   | A | Appeal       |
| ÷                   | Restricted | O | Objected     |

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | ✓     | ✓        | 11-24-03 |
| 2     | ✓     | ✓        | 6-21-04  |
| 3     | ✓     | 0        |          |
| 4     | ✓     | 0        |          |
| 5     | ✓     | 0        |          |
| 6     | ✓     | 0        |          |
| 7     | ✓     | ✓        |          |
| 8     | ✓     | ✓        |          |
| 9     | ✓     | ✓        |          |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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P.E.S.  
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10-02-01

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